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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF INDIANA | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: | Identify Yourself | | |
|-----|--------------------|---|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | your | e the name that is on government-issued ure identification (for mple, your driver's | Akia First name | First name |
| | | ise or passport). | Starla Middle name | Middle name |
| | Brin | g your picture | Maxwell | Middle name |
| | | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | use Inclu | other names you have d in the last 8 years ade your married or den names. | | |
| 3. | you num Indi | y the last 4 digits of r Social Security aber or federal vidual Taxpayer atification number | xxx-xx-9381 | |

Debtor 1 Akia Starla Maxwell

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 2019 Martha Street | If Debtor 2 lives at a different address: |
| | | Hammond, IN 46323 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Lake County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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| Deb | otor 1 Akia Starla Maxwe | ell | | | Case number (if known) | | | |
|-----|--|---|---|--|---|----------------|--|--|
| | | | | | | | | |
| Par | t 2: Tell the Court About | Your Bankruptcy | Case | | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
| | choosing to file under | Chapter 7 | | | | | | |
| | | ☐ Chapter 11 | ☐ Chapter 11 | | | | | |
| | | ☐ Chapter 12 | | | | | | |
| | | ☐ Chapter 13 | | | | | | |
| | | | | | | | | |
| 8. | How you will pay the fee | about how | you may pay. Typio ur attorney is subm | cally, if you are paying the fee yo | k with the clerk's office in your local court for m urself, you may pay with cash, cashier's check alf, your attorney may pay with a credit card or | , or money | | |
| | | | | allments. If you choose this option (Official Form 103A). | on, sign and attach the Application for Individua | als to Pay | | |
| | | · · | | , | n only if you are filing for Chapter 7. By law, a ju | udge may, | | |
| | | but is not re | equired to, waive ye | our fee, and may do so only if yo | ur income is less than 150% of the official pove installments). If you choose this option, you m | erty line that | | |
| | | | | | ial Form 103B) and file it with your petition. | | | |
| | | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | | |
| | last 8 years? | ☐ Yes. | | | | | | |
| | | Distric | et | When | Case number | | | |
| | | Distric | :t | When | Case number | | | |
| | | Distric | et | When | Case number | | | |
| 10. | Are any bankruptcy | ■ No | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | | Debto | r | | Relationship to you | | | |
| | | Distric | et | When | Case number, if known | | | |
| | | Debto | r | | Relationship to you | | | |
| | | Distric | :t | When | Case number, if known | | | |
| 11. | Do you rent your | ■ No. Go to | o line 12. | | | | | |
| | residence? | | vour landlord obtai | ned an eviction judgment agains | t vou? | | | |
| | | □ Yes. ⊓as | No. Go to line 1 | , - | ., | | | |
| | | | | | Judgment Against You (Form 101A) and file it a | as nart of | | |
| | | П | this bankruptcy | | naugmont Against 100 (FUIII 101A) and file it a | ιο μαιτ ΟΙ | | |

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| Deb | otor 1 Akia Starla Maxwe | ell | | | Case number (if known) |
|----------|---|---------------------|--|------------------------------------|--|
| | | | | | |
| Par | t 3: Report About Any Bu | sinesses | You Own | as a Sole Proprie | tor |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to F | Part 4. | |
| | | ☐ Yes. | Name | and location of bus | siness |
| | A sole proprietorship is a | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numbe | er, Street, City, Sta | te & ZIP Code |
| | it to this petition. | | Check | the appropriate bo | ox to describe your business: |
| | · | | | | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as d | lefined in 11 U.S.C. § 101(53A)) |
| ☐ Commod | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | e |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 | operation in 11 U.S | f you are filing under Chapter 11, the court must know whether you are a small business debtor so that it deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance perations, cash-flow statement, and federal income tax return or if any of these documents do not exist, in 11 U.S.C. 1116(1)(B). I am not filing under Chapter 11. | | a small business debtor, you must attach your most recent balance sheet, statement of rederal income tax return or if any of these documents do not exist, follow the procedure oter 11. |
| | U.S.C. § 101(51D). | □ No. | Code. | ing under Chapter | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am fil | ing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Report if You Own or | Have Any | Hazardoı | us Property or An | y Property That Needs Immediate Attention |
| 14. | Do you own or have any | ■ No. | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ■ No. | What is th | ne hazard? | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | ate attention is why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | |
| | | | | | Number, Street, City, State & Zip Code |
| | | | | | |

Debtor 1 Akia Starla Maxwell

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | otor 1 Akia Starla Maxwe | ell | | Case numb | Der (if known) |
|-----|--|-----------------------|--|--|---|
| Par | t 6: Answer These Quest | ions for R | eporting Purposes | | |
| 16. | What kind of debts do you have? | 16a. | | consumer debts? Consumer debts are de rsonal, family, or household purpose." | fined in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | | business debts? Business debts are debt vestment or through the operation of the bu | |
| | | | ☐ No. Go to line 16c. | | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | | owe that are not consumer debts or busine | ess debts |
| | | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapt | er 7. Go to line 18. | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | | . Do you estimate that after any exempt pro available to distribute to unsecured creditor | pperty is excluded and administrative expenses s? |
| | administrative expenses | | ■ No | | |
| | are paid that funds will be available for | | □Yes | | |
| | distribution to unsecured creditors? | | | | |
| 18. | How many Creditors do | ■ 1-49 | | □ 1,000-5,000 | □ 25,001-50,000 |
| | you estimate that you owe? | ☐ 50-99 |) | 5001-10,000 | 5 0,001-100,000 |
| | ono. | □ 100-1 | | □ 10,001-25,000 | ☐ More than100,000 |
| | | □ 200-9 | 999 | | |
| 19. | How much do you | \$0 - \$ | 550,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 01 - \$100,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion |
| | | | ,001 - \$500,000 ,001 - \$1 million | □ \$100,000,001 - \$100 million | ☐ More than \$50 billion |
| | | Δ φοσο, | - Trimion | | · · · · · · · · · · · · · · · · · · · |
| 20. | How much do you estimate your liabilities | □ \$0 - \$ | | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion |
| | to be? | | 001 - \$100,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion |
| | | | ,001 - \$500,000 ,001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion |
| D | O'm Dalam | | | | |
| Par | | I have a | romined this notition, and I d | | resortion provided in two and correct |
| FOI | you | | • | eclare under penalty of perjury that the info | · |
| | | | | 7, I am aware that I may proceed, if eligible relief available under each chapter, and I o | |
| | | If no atto documer | rney represents me and I did nt, I have obtained and read | d not pay or agree to pay someone who is r the notice required by 11 U.S.C. § 342(b). | not an attorney to help me fill out this |
| | | I request | relief in accordance with the | e chapter of title 11, United States Code, sp | ecified in this petition. |
| | | bankrupt and 357 | tcy case can result in fines up | nt, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20 | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | Akia St | arla Maxwell e of Debtor 1 | Signature of Debt | tor 2 |
| | | Executed | d on April 10, 2019 | Executed on | |
| | | | MM / DD / YYYY | M | M / DD / YYYY |

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Debtor 1 Akia Starla Maxwell Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| Is/ Christopher Schmidgall Signature of Attorney for Debtor | Date | April 10, 2019 MM / DD / YYYY |
|---|---------------|----------------------------------|
| Christopher Schmidgall Printed name | | |
| Law Office of Weiss, Schmidgall & Hires, P.C. Firm name | | |
| 6 West 73rd Ave Merrillville, IN 46410 | | |
| Number, Street, City, State & ZIP Code Contact phone (219)736-5297 | Email address | bankruptcy@wshlegal.com |
| 23738-64 IN Bar number & State | | |

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| Fill | II in this information to identify your case: | | | |
|------|--|---------------------------------------|-------------|--------------------|
| | ebtor 1 Akia Starla Maxwell | | | |
| | First Name Middle Name Last Name | | | |
| | ebtor 2 pouse if, filing) First Name Middle Name Last Name | | | |
| ` ' | nited States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA | | | |
| | | | | |
| | ase numberknown) | | ☐ Chec | k if this is an |
| | | | amen | ded filing |
| | | | | |
| Of | fficial Form 106Sum | | | |
| | ummary of Your Assets and Liabilities and Certain St | | | 12/15 |
| | as complete and accurate as possible. If two married people are filing together, ormation. Fill out all of your schedules first; then complete the information on the | | | |
| | ur original forms, you must fill out a new <i>Summary</i> and check the box at the top | | | • |
| Part | art 1: Summarize Your Assets | | | |
| | | | Your a | |
| | | | Value | of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | | \$ | 42 200 00 |
| | | | Ψ | 12,300.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | | \$ | 12,300.00 |
| Part | art 2: Summarize Your Liabilities | | | |
| | | | | abilities |
| | | | Amour | t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the las | | \$ | 4,879.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Sc | chedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of | Schedule E/F | \$ | 49,985.00 |
| | | | | _ |
| | | Your total liabilities | \$ | 54,864.00 |
| Dari | art 3: Summarize Your Income and Expenses | | | |
| | · | | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | | \$ | 1,407.00 |
| 5. | | | • | 4 000 00 |
| | Copy your monthly expenses from line 22c of Schedule J | | \$ | 1,860.00 |
| Part | art 4: Answer These Questions for Administrative and Statistical Records | | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and su | abmit this form to the court with you | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | | |
| •• | Your debts are primarily consumer debts. Consumer debts are those "incu | | a personal | , family, or |
| | household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. | · · | | |
| | Your debts are not primarily consumer debts. You have nothing to report of the court with your other schedules. | on this part of the form. Check this | box and s | ubmit this form to |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Debtor 1 Akia Starla Maxwell

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 878.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Tot | al claim |
|--|------|-----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 15,404.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 15,404.00 |

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| | r 1 | Akia Starla Maxwell | | | | |
|--|--|--|--|--|--|---|
| | | First Name | Middle Name Last Na | me | | |
| Debtor | r 2 , if filing) | First Name | Middle Name Last Na | mo | | |
| | | | | ne | | |
| Inited | States I | Bankruptcy Court for the: N | ORTHERN DISTRICT OF INDIANA | | | |
| Case r | number | | | | | ☐ Check if this is a amended filing |
| | | | | | | ag |
| Offic | cial F | orm 106A/B | | | | |
| 3ch | nedu | ile A/B: Prope | rty | | | 12/15 |
| ink it i | fits best. | Be as complete and accurate a ore space is needed, attach a s | ems. List an asset only once. If an asset is possible. If two married people are filir eparate sheet to this form. On the top of | ig together, both a | re equally responsible for su | upplying correct |
| Part 1: | Describ | pe Each Residence, Building, La | and, or Other Real Estate You Own or Ha | e an Interest In | | |
| Do y | ou own o | r have any legal or equitable in | erest in any residence, building, land, or | similar property? | | |
| NI. | o. Go to F | Part 2 | | | | |
| _ | | e is the property? | | | | |
| | es. Wilei | e is the property: | | | | |
| | | | | | | |
| o yo u omeor | ı own, le | | ble interest in any vehicles, whether also report it on Schedule G: Executory vehicles, motorcycles | | | ehicles you own that |
| o yo u omeor | own, lender else de se, vans, | ease, or have legal or equita Irives. If you lease a vehicle, a trucks, tractors, sport utilit | also report it on Schedule G: Executory | | Inexpired Leases. | ŕ |
| o you omeor . Cars | own, lender else de se, vans, | ease, or have legal or equita drives. If you lease a vehicle, a trucks, tractors, sport utility | who has an interest in the proper | Contracts and U | Do not deduct secured control amount of any secure | laims or exemptions. Put ed claims on <i>Schedule D:</i> |
| o you omeor . Cars | own, lene else cons, vans, van | ease, or have legal or equita drives. If you lease a vehicle, a trucks, tractors, sport utility Volkswagon Jetta | who has an interest in the proper Debtor 1 only | Contracts and U | Do not deduct secured control amount of any secure | laims or exemptions. Put |
| o you omeor Cars □ N | own, le ne else c s, vans, o es Make: Model: Year: | vase, or have legal or equital drives. If you lease a vehicle, a trucks, tractors, sport utility Volkswagon Jetta 2012 | who has an interest in the proper Debtor 1 only Debtor 2 only | Contracts and U | Do not deduct secured c the amount of any secure Creditors Who Have Clas | laims or exemptions. Put ed claims on <i>Schedule D:</i> |
| Cars N Y | own, le ne else c s, vans, o es Make: Model: Year: | vase, or have legal or equital drives. If you lease a vehicle, a trucks, tractors, sport utility Volkswagon Jetta 2012 Jetta mileage: | who has an interest in the proper Debtor 1 only | v Contracts and U | Do not deduct secured c the amount of any secure Creditors Who Have Cla | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the |
| o you omeor . Cars | own, lene else constant de la consta | vase, or have legal or equital drives. If you lease a vehicle, a trucks, tractors, sport utility Volkswagon Jetta 2012 Jetta mileage: | who has an interest in the proper Debtor 1 only Debtor 2 only Debtor 2 only | ty? Check one | Do not deduct secured c the amount of any secure Creditors Who Have Clas | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the |
| O your property of the control of th | own, lene else constant de la consta | vase, or have legal or equital drives. If you lease a vehicle, a trucks, tractors, sport utility Volkswagon Jetta 2012 Jetta mileage: | Who has an interest in the proper Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a case instructions) Who has an interest in the proper | ty? Check one nother | Do not deduct secured of the amount of any secure Creditors Who Have Clast Current value of the entire property? \$4,500.00 Do not deduct secured of the amount of any secure the amount of any secure | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$4,500.0 laims or exemptions. Put ed claims on Schedule D: |
| O your property of the control of th | own, lene else constants, vans, ones Make: Model: Year: Approxim Other info | vase, or have legal or equital drives. If you lease a vehicle, a strucks, tractors, sport utility Volkswagon Jetta 2012 Late mileage: Dormation: Mini Cooper | who has an interest in the proper Debtor 1 only Debtor 2 only At least one of the debtors and a Check if this is community pro (see instructions) Who has an interest in the proper Below 1 and Debtor 2 only Check if this is community pro (see instructions) | ty? Check one nother | Do not deduct secured of the amount of any secure Creditors Who Have Clar. Current value of the entire property? \$4,500.00 Do not deduct secured of the amount of any secure Creditors Who Have Clar. | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$4,500.0 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
| o you omeor . Cars □ N ■ Y | own, lene else constants, vans, ones Make: Model: Year: Approxim Other info | vase, or have legal or equitalities. If you lease a vehicle, a trucks, tractors, sport utility Volkswagon Jetta 2012 Tale mileage: Domation: | Who has an interest in the proper Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a case instructions) Who has an interest in the proper | ty? Check one nother | Do not deduct secured of the amount of any secure Creditors Who Have Clast Current value of the entire property? \$4,500.00 Do not deduct secured of the amount of any secure the amount of any secure | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$4,500.0 laims or exemptions. Put ed claims on Schedule D: |
| o you omeor N N N N N N N N N N N N N N N N N N N | own, lene else constants, vans, ones Make: Model: Year: Approxim Other info | volkswagon Jetta 2012 mate mileage: pormation: Mini Cooper 2007 mate mileage: pormation: | Who has an interest in the proper Debtor 1 only Debtor 2 only At least one of the debtors and a Check if this is community pro (see instructions) Who has an interest in the proper Debtor 1 only At least one of the debtors and a | ty? Check one nother perty ty? Check one | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? \$4,500.00 Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$4,500.0 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the |
| o you omeor N N N N N N N N N N N N N N N N N N N | own, lene else constants, vans, ones Make: Model: Year: Approxim Other info | volkswagon Jetta 2012 materiale mileage: Mini Cooper 2007 mater mileage: | Who has an interest in the proper Debtor 1 only Debtor 2 only At least one of the debtors and a Check if this is community pro (see instructions) Who has an interest in the proper Debtor 1 only At least one of the debtors and a | ty? Check one nother ty? Check one | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? \$4,500.00 Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$4,500.0 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the |
| o you omeor N N N N N N N N N N N N N N N N N N N | own, lene else constants, vans, ones Make: Model: Year: Approxim Other info | volkswagon Jetta 2012 mate mileage: pormation: Mini Cooper 2007 mate mileage: pormation: | Who has an interest in the proper Debtor 1 only Debtor 2 only At least one of the debtors and a Check if this is community pro (see instructions) Who has an interest in the proper Debtor 1 and Debtor 2 only At least one of the debtors and a Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and a Debtor 2 only Check if this is community pro Check if this is community pro Check if this is community pro | ty? Check one nother ty? Check one | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? \$4,500.00 Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$4,500.0 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| o you omeor of N N N N N N N N N N N N N N N N N N | Make: Model: Year: Model: Year: Approxim Other info | Volkswagon Jetta 2012 mate mileage: commation: Mini Cooper 2007 mate mileage: commation: companies a vehicle, a veh | Who has an interest in the proper Debtor 1 only Debtor 2 only At least one of the debtors and a Check if this is community pro (see instructions) Who has an interest in the proper Debtor 1 and Debtor 2 only At least one of the debtors and a Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and a Debtor 2 only Check if this is community pro Check if this is community pro Check if this is community pro | ty? Check one nother ty? Check one nother perty ty? Check one | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? \$4,500.00 Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? \$4,800.00 | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$4,500.0 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |

Official Form 106A/B Schedule A/B: Property page 1

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| Debtor 1 | Akia Starla Maxwell | Case number (if kn | own) |
|---------------|--|--|---|
| | e dollar value of the portion you own for all of your entr you have attached for Part 2. Write that number here | | > \$9,300.00 |
| Part 3: D | escribe Your Personal and Household Items | | |
| | wn or have any legal or equitable interest in any of the fo | ollowing items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Examp □ No | nold goods and furnishings bles: Major appliances, furniture, linens, china, kitchenware Describe | | |
| - 165 | | | |
| | Miscellaneous household goods i pans, dishes, entertainment cente | | \$1,500.00 |
| □ No | nics bles: Televisions and radios; audio, video, stereo, and digital including cell phones, cameras, media players, games Describe | equipment; computers, printers, scanners; mu | sic collections; electronic devices |
| | Television, smartphone, laptop ar | nd accessories | \$1,000.00 |
| | | | |
| Examp ■ No | ibles of valueoles: Antiques and figurines; paintings, prints, or other artwork other collections, memorabilia, collectiblesDescribe | k; books, pictures, or other art objects; stamp, | coin, or baseball card collections; |
| Examp No | nent for sports and hobbies bles: Sports, photographic, exercise, and other hobby equipm musical instruments Describe | nent; bicycles, pool tables, golf clubs, skis; car | noes and kayaks; carpentry tools; |
| ■ No | ms apples: Pistols, rifles, shotguns, ammunition, and related equip . Describe | pment | |
| □ No | es ples: Everyday clothes, furs, leather coats, designer wear, s Describe | hoes, accessories | |
| | Miscellaneous clothing | | \$400.00 |
| ■ No | | wedding rings, heirloom jewelry, watches, ge | ms, gold, silver |
| | arm animals uples: Dogs, cats, birds, horses | | |
| ☐ Yes | . Describe | | |
| ■ No | ther personal and household items you did not already I . Give specific information | ist, including any health aids you did not li | st |
| Official For | • | A/B: Property | page 2 |

| De | ebtor 1 | Akia Starla Max | well | | Case number (if known) | |
|-----|---------------------------|--|---|--|---|---|
| 15 | | | | Part 3, including any entries for p | ages you have attached | \$2,900.00 |
| Pa | rt 4: De | scribe Your Financial | Assets | | | |
| Do | you ov | vn or have any lega | l or equitable interest | in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | □ No | | | home, in a safe deposit box, and on | hand when you file your petition | n |
| | ■ Yes | | | | Cash | \$100.00 |
| 17. | | | | ecounts; certificates of deposit; share nts with the same institution, list each | | ouses, and other similar |
| | ☐ Yes | | | Institution name: | | |
| | Examp ■ No | bles: Bond funds, inv | estment accounts with but Institution or issue | brokerage firms, money market accor | unts | |
| 19. | Non-pu joint v ■ No | venture | | rporated and unincorporated busir | nesses, including an interest % of ownership: | in an LLC, partnership, and |
| | Negoti Non-ne ■ No | <i>iable instruments</i> inc | lude personal checks, c s are those you cannot | gotiable and non-negotiable instructs shiers' checks, promissory notes, a transfer to someone by signing or de | ind money orders. | |
| | Examµ ■ No | ment or pension acoles: Interests in IRA | counts , ERISA, Keogh, 401(k) | , 403(b), thrift savings accounts, or o | ther pension or profit-sharing p | ans |
| 22. | Your s Examp | ty deposits and pre | eposits you have made | Institution name: so that you may continue service or on, public utilities (electric, gas, water) | | es, or others |
| | ■ No | | | Institution name or individua | al: | |
| | | | n and a discussion of the | | | |
| 23. | Annuit ■ No | cies (A contract for a | periodic payment of mo | oney to you, either for life or for a num | nber of years) | |
| | ☐ Yes | lssue | r name and description. | | | |
| | | ts in an education I C. §§ 530(b)(1), 529 | | qualified ABLE program, or under | r a qualified state tuition prog | ıram. |

Official Form 106A/B Schedule A/B: Property page 3

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

☐ Yes.....

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Debtor 1 Akia Starla Maxwell Case number (if known)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your be

| 25. | Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exerced No | isable for your benefit |
|-----|---|--|
| | ☐ Yes. Give specific information about them | |
| | Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them | |
| | | |
| 27. | Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No | |
| | ☐ Yes. Give specific information about them | |
| M | oney or property owed to you? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you | |
| | ■ No □ Yes. Give specific information about them, including whether you already filed the returns and the tax years | |
| 29. | Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property se | ettlement |
| | ■ No □ Yes. Give specific information | |
| 30. | Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation benefits; unpaid loans you made to someone else | ation, Social Security |
| | ■ No □ Yes. Give specific information | |
| 31. | Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance. No | e |
| | Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: | Surrender or refund value: |
| 32. | Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receiv someone has died. | e property because |
| | ■ No □ Yes. Give specific information | |
| 33. | Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue | |
| | ■ No □ Yes. Describe each claim | |
| 34. | Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to s | et off claims |
| | ■ No □ Yes. Describe each claim | |
| 35. | Any financial assets you did not already list ■ No | |
| | Yes. Give specific information | |

Official Form 106A/B Schedule A/B: Property page 4

| Debtor | 1 Akia Starla Maxwell | | Case number (if known) | |
|-----------------|---|----------------------------|------------------------------|-------------|
| | dd the dollar value of all of your entries from Part 4, includin or Part 4. Write that number here | | | \$100.00 |
| Part 5: | Describe Any Business-Related Property You Own or Have an Intere | est In. List any real esta | ate in Part 1. | |
| 37. Do y | ou own or have any legal or equitable interest in any business-relate | ed property? | | |
| ■ No | o. Go to Part 6. | | | |
| ☐ Ye | es. Go to line 38. | | | |
| Part 6: | Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. Do | you own or have any legal or equitable interest in any farm- | or commercial fishin | ng-related property? | |
| | No. Go to Part 7. | | | |
| | Yes. Go to line 47. | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| | you have other property of any kind you did not already list? | ? | | |
| <i>E</i> x | ramples: Season tickets, country club membership | | | |
| | es. Give specific information | | | |
| ш. | es. Give specific information | | | |
| 54. A | dd the dollar value of all of your entries from Part 7. Write tha | at number here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. P a | art 1: Total real estate, line 2 | | | \$0.00 |
| | art 2: Total vehicles, line 5 | \$9,300.00 | | Ψο.ου |
| | art 3: Total personal and household items, line 15 | \$2,900.00 | | |
| | art 4: Total financial assets, line 36 | \$100.00 | | |
| | art 5: Total business-related property, line 45 | \$0.00 | | |
| | art 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| | art 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. T o | otal personal property. Add lines 56 through 61 | \$12,300.00 | Copy personal property total | \$12,300.00 |
| 63. T o | otal of all property on Schedule A/B. Add line 55 + line 62 | | | \$12,300.00 |

Official Form 106A/B Schedule A/B: Property page 5

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| Fill in this infor | Fill in this information to identify your case: | | | | | | |
|---------------------|---|-------------------|------------|--------------------------------------|--|--|--|
| Debtor 1 | Akia Starla Maxw | ell | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF INDIANA | | | | |
| Case number | | | | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|--|---|-----------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 2007 Mini Cooper Vehicle has mechanical defects | \$4,800.00 | | \$4,800.00 | Ind. Code § 34-55-10-2(c)(2) |
| Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Miscellaneous household goods including table and chairs, pots, | \$1,500.00 | | \$1,500.00 | Ind. Code § 34-55-10-2(c)(2) |
| pans, dishes, entertainment center, bed, and dresser Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Television, smartphone, laptop and accessories | \$1,000.00 | | \$1,000.00 | Ind. Code § 34-55-10-2(c)(2) |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Miscellaneous clothing Line from Schedule A/B: 11.1 | \$400.00 | | \$400.00 | Ind. Code § 34-55-10-2(c)(2) |
| Ente from <i>Schedule PAB</i> . | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash Line from Schedule A/B: 16.1 | \$100.00 | | \$100.00 | Ind. Code § 34-55-10-2(c)(3) |
| Line nom <i>Schedule A/D</i> . 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | | | |

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| De | btor 1 | Akia Starla Maxwell | Case number (if known) | |
|----|--------|--|----------------------------------|--|
| 3. | , | ou claiming a homestead exemption of more than \$170,350? ect to adjustment on 4/01/22 and every 3 years after that for cases filed on o | r after the date of adjustment.) | |
| | | No | | |
| | | Yes. Did you acquire the property covered by the exemption within 1,215 day | s before you filed this case? | |
| | 1 | □ No | | |
| | | ☐ Yes | | |

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| | Case | 13-20314-jia Duc. | 1 111 0 0 04/1 | .0/19 Page 1 | 7 01 30 | |
|---|--|---|---------------------------|--|--|-----------------------------|
| Fill in this information | tion to identify you | ır case: | | | | |
| Debtor 1 | Akia Starla Max | well | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankı | ruptcy Court for the | NORTHERN DISTRICT O | F INDIANA | | | |
| Case number (if known) | | | | | _ | if this is an ded filing |
| Official Form | 106D | | | | | |
| Schedule D | : Creditors | Who Have Claim | ns Secured | by Property | y | 12/15 |
| | | If two married people are filing to out, number the entries, and atta | | | | |
| 1. Do any creditors ha | ve claims secured b | y your property? | | | | |
| ☐ No. Check th | is box and submit t | his form to the court with your o | other schedules. Yo | u have nothing else to | report on this form. | |
| <u> </u> | l of the information | • | | 3 | | |
| | Secured Claims | bolow. | | | | |
| • | | | P1 | Column A | Column B | Column C |
| for each claim. If more | e than one creditor has | more than one secured claim, list the s a particular claim, list the other cre ical order according to the creditor's | editors in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Santander O | Consumer | Describe the property that secu | ures the claim: | \$4,879.00 | \$4,500.00 | \$379.00 |
| Creditor's Name | | 2012 Volkswagon Jetta | | | | |
| Attn: Bankr Po Box 9612 Fort Worth, | 245 | As of the date you file, the clair apply. | m is: Check all that | | | |
| | ty, State & Zip Code | ☐ Contingent ☐ Unliquidated | | | | |
| Who owes the debt | | ☐ Disputed Nature of lien. Check all that ap | only | | | |
| _ | : Check one. | ☐ An agreement you made (suc | • • | ıred | | |
| ■ Debtor 1 only □ Debtor 2 only | | car loan) | ir as mongage or sect | areu | | |
| Debtor 1 and Debto | • | Statutory lien (such as tax lier | n, mechanic's lien) | | | |
| ☐ At least one of the | | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this clain community debt | n relates to a | ☐ Other (including a right to offs | <u> </u> | | | |
| Date debt was incurr | Opened 06/18 Last Active ed 2/20/19 | Last 4 digits of account | number 1000 | | | |
| | | | | | | |
| | | | | | | |
| | • | column A on this page. Write that | | \$4,87 | 9.00 | |
| If this is the last pa Write that number I | | the dollar value totals from all pa | ages. | \$4,87 | 9.00 | |
| Part 2: List Other | s to Be Notified fo | or a Debt That You Already Li | sted | | | |
| | | | | | | |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | 0430 1 | 3 2001+ ji | u D001 | i iica o-ii | 10/10 Tage 10 | 01 00 | |
|---------------|----------------------------|---|---------------------|----------------------------------|---------------------|---|------------------|---------------------------|
| Fill | in this inform | nation to identify your | case: | | | | | |
| Del | otor 1 | Akia Starla Maxw | ell | | | | | |
| | | First Name | Middle Nar | me | Last Name | | | |
| | otor 2 ouse if, filing) | First Name | Middle Nar | me | Last Name | | | |
| | | | | | | | | |
| Uni | ted States Bar | nkruptcy Court for the: | NORTHERN | DISTRICT OF | INDIANA | | | |
| Cas | se number | | | | | | | |
| (if kr | nown) | | | | | | _ | theck if this is an |
| | | | | | | | а | mended filing |
| Off | ficial Form | 106F/F | | | | | | |
| | | /F: Creditors W | ho Have | Unsecure | d Claims | | | 12/15 |
| | | | | | | Part 2 for creditors with NON | PRIORITY clai | |
| Sche left. | edule D: Credito | ors Who Have Claims Sectinuation Page to this pag | ured by Property | /. If more space i | s needed, copy | any creditors with partially s the Part you need, fill it out, i do not file that Part. On the to | number the en | tries in the boxes on the |
| | | l of Your PRIORITY Un | | | | | | |
| 1. | _ ` | rs have priority unsecure | d claims against | you? | | | | |
| | No. Go to Pa | art 2. | | | | | | |
| | Yes. | . () NONDOIGNIT | | . . | | | | |
| | | l of Your NONPRIORIT | | | | | | |
| 3. | | rs have nonpriority unsec | _ | • | | | | |
| | | re nothing to report in this p | art. Submit this fo | rm to the court wi | th your other sche | edules. | | |
| | Yes. | | | | | | | |
| 4. | unsecured clain | n, list the creditor separately | for each claim. F | For each claim list | ed, identify what t | b holds each claim. If a credit type of claim it is. Do not list cla three nonpriority unsecured cl | aims already inc | luded in Part 1. If more |
| | | | | | | | | Total claim |
| 4.1 | Amex | | ı | Last 4 digits of a | ccount number | 8833 | | \$1,093.00 |
| | | Creditor's Name | | | | Onemad 42/40 Least | \ _4 ! | |
| | Po Box | ondence/Bankruptc 981540 | - | When was the de | ebt incurred? | Opened 12/18 Last A 3/10/19 | Active | |
| | El Paso | , TX 79998 | | | | 0,10,10 | | - |
| | | reet City State Zip Code | 1 | As of the date yo | u file, the claim | is: Check all that apply | | |
| | _ | red the debt? Check one. | | _ | | | | |
| | ■ Debtor | • | | ☐ Contingent | | | | |
| | ☐ Debtor | - | | Unliquidated | | | | |
| | | 1 and Debtor 2 only | _ | ☐ Disputed | ODITY | d alaim. | | |
| | | one of the debtors and and | 1 | Type of NONPRIC ☐ Student loans | JRIIY unsecure | a ciaim: | | |
| | ☐ Check debt | if this claim is for a comr | ilullity | | sing out of a sona | aration agreement or divorce th | at you did not | |
| | | m subject to offset? | | eport as priority c | | nanon agreement or divorce th | at you did fiol | |
| | ■ No | | I | Debts to pensi | on or profit-sharin | ng plans, and other similar debt | s | |
| | ☐ Yes | | İ | Other. Specify | Credit Card | I | | |
| | | | | . , | | | | - |

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| Debto | 1 Akia Starla Maxwell | | | |
|-------|--|---|---|------------|
| 4.2 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 1477 | \$1,311.00 |
| | Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 06/18 Last Active 12/27/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.3 | Capital One | Last 4 digits of account number | 3409 | \$743.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 03/16 Last Active 1/04/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.4 | CBW Bank | Last 4 digits of account number | | \$1,495.00 |
| | Nonpriority Creditor's Name 109 E Main Street Weir, KS 66781 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sena | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | and not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other, Specify Unsecured | Ioan | |

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| Debto | r 1 Akia Starla Maxwell | | Case number (if known) | |
|-------|--|---|---|------------|
| 4.5 | Chase Card Services | Last 4 digits of account number | 6629 | \$2,556.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim | Opened 05/18 Last Active 1/02/19 is: Check all that apply | |
| | Who incurred the debt? Check one. | , , | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | <u> </u> | Debts to pension or profit-sharir | ag plane, and other similar debte | |
| | ■ No | | | |
| | Yes | Other. Specify Credit Card | 1 | |
| 4.6 | Citibank/Best Buy Nonpriority Creditor's Name | Last 4 digits of account number | 5758 | \$1,152.00 |
| | Attn: Bankruptcy Po Box 790441 | When was the debt incurred? | Opened 12/18 Last Active 3/20/19 | |
| | St. Louis, MO 63179 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the olding | is. Officer all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.7 | Citicards Cbna Nonpriority Creditor's Name | Last 4 digits of account number | 7297 | \$1,537.00 |
| | Citi Bank Po Box 6077 | When was the debt incurred? | Opened 12/18 Last Active 3/20/19 | |
| | Sioux Falls, SD 57117 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | ☐ Yes | ■ Other. Specify Credit Card | d | |

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| Debto | or 1 Akia Starla Maxwell | | Case number (if known) | |
|-------|--|--|---|------------|
| 4.8 | Comenity Bank/Express Nonpriority Creditor's Name | Last 4 digits of account number | 1982 | \$1,475.00 |
| | Attn: Bankruptcy Po Box 182125 | When was the debt incurred? | Opened 01/17 Last Active 1/04/19 | |
| | Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.9 | Comenity Bank/Victoria Secret Nonpriority Creditor's Name | Last 4 digits of account number | 5453 | \$1,273.00 |
| | Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 02/17 Last Active 1/04/19 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.1 | Comenity Bkl/Ulta | Last 4 digits of account number | 8799 | \$2,226.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 | When was the debt incurred? | Opened 08/16 Last Active 12/12/18 | |
| | Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | ☐ Yes | Other Specify Charge Acceptage | count | |

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| Debto | or 1 Akia Starla Maxwell | | Case number (if known) | | | |
|----------|---|--|--|------------|--|--|
| 4.1 1 | Credit One Bank | Last 4 digits of account number | 6622 | \$371.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 | When was the debt incurred? | Opened 12/18 Last Active 3/05/19 | | | |
| | Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| 4.1 | Department of Education/Nelnet | Last 4 digits of account number | 1283 | \$3,803.00 | | |
| | Nonpriority Creditor's Name Attn: Claims Po Box 82505 | When was the debt incurred? | Opened 09/16 Last Active 2/28/19 | | | |
| | Lincoln, NE 68501 Number Street City State Zip Code | As of the date you file, the claim | s. Chack all that apply | | | |
| | Who incurred the debt? Check one. | 7.5 of the date you me, the claim | o. Oncor an that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | |
| | ☐ Yes | Other. Specify | | | | |
| | | Educationa | <u>II</u> | | | |
| 4.1 3 | Department of Education/Nelnet Nonpriority Creditor's Name | Last 4 digits of account number | 7183 | \$3,767.00 | | |
| | Attn: Claims Po Box 82505 | When was the debt incurred? | Opened 02/16 Last Active 2/28/19 | | | |
| | Lincoln, NE 68501 Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | • , | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify | | | | |
| | | Educationa | l | | | |

Official Form 106 E/F

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| Debte | or 1 Akia Starla Maxwell | | Case number (if known) | |
|----------|---|--|--|------------|
| 4.1 4 | Department of Education/Nelnet | Last 4 digits of account number | 8983 | \$3,377.00 |
| | Nonpriority Creditor's Name Attn: Claims Po Box 82505 | When was the debt incurred? | Opened 08/17 Last Active 2/28/19 | |
| | Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated☐ Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | | • | |
| 4.1 5 | Department of Education/Nelnet Nonpriority Creditor's Name | Last 4 digits of account number | 0784 | \$2,283.00 |
| | Attn: Claims Po Box 82505 | When was the debt incurred? | Opened 08/15 Last Active 2/28/19 | |
| | Lincoln, NE 68501 Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | O continue on the | | |
| | ■ Debtor 1 only | ☐ Contingent☐ Unliquidated | | |
| | Debtor 2 only | ☐ Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | ll | |
| 4.1 6 | Department of Education/Nelnet | Last 4 digits of account number | 1183 | \$2,174.00 |
| | Nonpriority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 08/16 Last Active 2/28/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐Yes | Other. Specify | | |
| | | Educationa | <u> </u> | |

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| Debtor 1 Akia Starla Maxwell | | Case number (if known) | | | |
|------------------------------|--|--|--|----------|--|
| 4.1 | Discover Financial | Last 4 digits of account number | 3290 | \$810.00 | |
| · , | Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 15316 Wilmington, DE 10950 | When was the debt incurred? | Opened 11/18 Last Active 3/26/19 | | |
| | Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | Jaleim. | | |
| | At least one of the debtors and another | Student loans | i ciaim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other circular debte | | |
| | ■ No | | | | |
| | ☐ Yes | Other. Specify Credit Card | | | |
| 4.1 8 | Fingerhut Nonpriority Creditor's Name | Last 4 digits of account number | 3871 | \$486.00 | |
| | Attn: Bankruptcy Po Box 1250 Saint Cloud, MN 56395 | When was the debt incurred? | Opened 12/18 Last Active 3/15/19 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Charge Acc | count | | |
| 4.1 9 | First Premier Bank Nonpriority Creditor's Name | Last 4 digits of account number | 5959 | \$792.00 | |
| | Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 01/19 Last Active 3/25/19 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | ☐ Yes | ■ Other, Specify Credit Card | | | |
| | | - Onen Specify C. Car. Car. | • | | |

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| Debto | Akia Starla Maxwell | Case number (if known) | | | |
|-------|--|--|--|----------|--|
| 4.2 | | | | | |
| 0 | Franciscan Alliance | Last 4 digits of account number | | \$105.00 | |
| | Nonpriority Creditor's Name 28044 Network Place Chicago, IL 60673-1280 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | |
| | Who incurred the debt? Check one. | • | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | ☐ Yes | | g plane, and outer ourman dobto | | |
| | ☐ Yes | Other. Specify Medical | <u> </u> | | |
| 4.2 | Genesis Bc/celtic Bank | | 0595 | \$377.00 | |
| 1 | Nonpriority Creditor's Name | Last 4 digits of account number | | ψ377.00 | |
| | Attn: Bankruptcy | | Opened 12/18 Last Active | | |
| | 268 South State Street Ste 300 Salt Lake City, UT 84111 | When was the debt incurred? | 3/12/19 | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | ■ Other. Specify Credit Card | <u> </u> | | |
| 4.2 | | | | | |
| 2 | Gerald M. Bishop & Associates | Last 4 digits of account number | <u>4591</u> | \$344.00 | |
| | Nonpriority Creditor's Name 2115 West Lincoln Highway Merrillville, IN 46410 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | |
| | Who incurred the debt? Check one. | • | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | - | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other Specify Collection | for Endodontics, Incorporated | | |

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| Debto | Akia Starla Maxwell | Case number (if known) | | | |
|----------|---|---|----------|--|--|
| 4.2 | | | | | |
| 3 | Harris & Harris, Ltd | Last 4 digits of account number 3026 | \$42.00 | | |
| | Nonpriority Creditor's Name 111 West Jackson Blvd, Suite 400 Chicago, IL 60604-4135 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | _ 110 | Collection for Fransiscan Alliance | | | |
| | □Yes | Other. Specify Franciscan Healthcare Munster | | | |
| 4.2 | | | | | |
| 4 | Harris & Harris, LTD | Last 4 digits of account number 8725 | \$100.00 | | |
| | Nonpriority Creditor's Name 111 West Jackson Blvd, Suite 400 Chicago, IL 60604-4135 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other Specify Collections for Franciscan Health Munster | | | |
| 40 | | | | | |
| 4.2 5 | Illinois Tollway | Last 4 digits of account number 6857 | \$929.00 | | |
| | Nonpriority Creditor's Name PO Box 5544 Chicago, IL 60680-5544 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| | □Yes | ■ Other Specify Tollway Violations | | | |

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| Debto | or 1 Akia Starla Maxwell | Case number (if known) | |
|-------|--|---|------------|
| 4.2 | Illinois Tollway | Last 4 digits of account number 7829 | \$215.00 |
| | Nonpriority Creditor's Name | | |
| | PO Box 5201 Chicago, IL 60680-5544 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Tollway Violations | |
| 4.2 | Illinois Tollway | Last 4 digits of account number 6889 | \$2,501.00 |
| 7 | Nonpriority Creditor's Name | Last 4 digits of account number 6889 | Ψ2,301.00 |
| | PO Box 5544 | When was the debt incurred? | |
| | Chicago, IL 60680-5544 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | oxdot Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Tollway Violations | |
| 4.2 | Indiana Bureau of Motor Vehicles | Last 4 digits of account number | Unknown |
| | Nonpriority Creditor's Name | | |
| | Indiana Govt Center North Room 402 | When was the debt incurred? 2018 | |
| | 100 N Senate Avenue | | |
| | Indianapolis, IN 46204 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | | |
| | ls the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other, Specify Notice Party | |

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| Debto | Akia Starla Maxwell | Case number (if known) | | | |
|-------|---|--|--|----------|--|
| 4.2 | Kohls/Capital One | Last 4 digits of account number | 6292 | \$262.00 | |
| | Nonpriority Creditor's Name | _ | | | |
| | Kohls Credit Po Box 3120 | When was the debt incurred? | Opened 12/18 Last Active 3/13/19 | | |
| | Milwaukee, WI 53201 | when was the dept incurred: | 3/13/19 | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | \square Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Charge Acc | count | | |
| 4.3 | Komyatte & Casbon, PC | land delimita of annual mumban | 7091 | \$250.00 | |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number | | φ230.00 | |
| | Attn: Collections Department 9650 Gordon Drive Highland, IN 46322 | When was the debt incurred? | Opened 11/18/16 | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Medical | | | |
| 4.3 | Komyatte & Casbon, PC | Last 4 digits of account number | 1988 | \$195.00 | |
| 1 | Nonpriority Creditor's Name | | | Ψ100.00 | |
| | Attn: Collections Department 9650 Gordon Drive Highland, IN 46322 | When was the debt incurred? | Opened 4/22/15 | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | malana and atheresissity. | | |
| | ■ No | Debts to pension or profit-sharin | g pians, and other similar debts | | |
| | Yes | Other, Specify Medical | | | |

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| Debtor 1 Akia Starla Maxwell | | Case number (if known) | | | |
|------------------------------|---|---|------------|--|--|
| 4.3 | MiraMed Revenue Group | Last 4 digits of account number 4555 | \$73.00 | | |
| | Nonpriority Creditor's Name Dept. 77304 PO Box 7700 | When was the debt incurred? | | | |
| | Detroit, MI 48277 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Medical collection for Franciscan Alliance | | | |
| 4.3 | Progressive Leasing Nonpriority Creditor's Name | Last 4 digits of account number 8960 | \$2,180.00 | | |
| | 256 Data Drive Draper, UT 84020 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Lease for Overstock.com | | | |
| 4.3 4 | Progressive Southeastern Insurance Co. | Last 4 digits of account number | \$7,191.00 | | |
| | Nonpriority Creditor's Name PO Box 512929 Los Angeles, CA 90051 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other, Specify 45C01-1807-PL-236 | | | |

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| Debto | r 1 Akia Starla Maxwell | | Case number (if known) | |
|----------|--|--|---|------------|
| 4.3 5 | Synchrony Bank/Care Credit | Last 4 digits of account number | 3767 | Unknown |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept P.O. Box 965061 Orlando, FL 32896-5061 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit card | purchases | |
| 4.3 6 | Synchrony Bank/Walmart | Last 4 digits of account number | 2362 | \$264.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 | When was the debt incurred? | Opened 12/18 Last Active 3/22/19 | |
| | Orlando, FL 32896 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.3 | Target Nonpriority Creditor's Name | Last 4 digits of account number | 3622 | \$2,233.00 |
| | Attn: Bankruptcy Po Box 9475 | When was the debt incurred? | Opened 11/16 Last Active 12/23/18 | |
| | Minneapolis, MN 55440 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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| Debtor 1 Akia Starla Maxwell | | Case number (if known) | |
|--|--|--|--|
| have more than one creditor for any of the debt notified for any debts in Parts 1 or 2, do not fill (| | e additional creditors here. If you do not have additional persons to be | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| Elaine Gladman | Line 4.34 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| Keis George LLP | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| 55 Public Square #800 45C01-1807-PL-236 | | | |
| Cleveland, OH 44113 | | | |
| 0.010.00.00.00.00.00.00.00.00.00.00.00.0 | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | |
| Lake Circuit Court | Line 4.34 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| 2293 N Main Street 45C01-1807-PL-236 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Crown Point, IN 46307 | | | |
| C. C | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | |
| Professional Account Management | Line 4.25 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| PO Box 741 Milwaukee, WI 53201-1487 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| 1407 | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | |
| Professional Account Management, | Line 4.27 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| LLC PO Box 741 | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| Milwaukee, WI 53201-1487 | | | |
| 32, 2222 | Last 4 digits of account number | 0755 | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | T | otal Claim |
|-----------------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total | | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | | | | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | Total Total Spring and Milos Gallinough Gal. | | Ψ | 0.00 |
| | | | | Т | otal Claim |
| | 6f. | Student loans | 6f. | \$ | 15,404.00 |
| Total | | | | | |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | | | |
| moin rait 2 | og. | you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount | 6i. | \$ | 34,581.00 |
| | | here. | | Ψ | |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 49,985.00 |
| | , | | • | | .0,000.00 |

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|------------|-----------------------|
| Debtor 1 | Akia Starla Maxw | ell | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF INDIANA | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | rerson or | Name, Number | r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--------------------------------|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | | | <u> </u> | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |

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| | Ouse 1 | 20014 jiu 200 | 01 11100 0-710 | 713 Tage 00 | 31 00 |
|---|--|--|--|---|---|
| Fill in this | s information to identify you | case: | | | |
| Debtor 1 | Akia Starla Maxv | vell | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fil | ling) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF INDIANA | | |
| Case num (if known) | nber | | | | ☐ Check if this is an amended filing |
| Officia | al Form 106H | | | | |
| | dule H: Your Cod | lebtors | | | 12/15 |
| people are fill it out, a your name | e filing together, both are equ | ually responsible for sup e boxes on the left. Attact). Answer every question | plying correct informat h the Additional Page t i. | ion. If more space is r o this page. On the to | ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write |
| ■ No | 1 | | | | |
| ☐ Ye | s | | | | |
| | thin the last 8 years, have yo na, California, Idaho, Louisiana | | | | |
| | o. Go to line 3. s. Did your spouse, former spo | ouse, or legal equivalent liv | e with you at the time? | | |
| in lin Form | e 2 again as a codebtor only | if that person is a guarar | ntor or cosigner. Make | sure you have listed t | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | ZIP Code | | Column 2: The cru Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lir | e |
| | Name | | | □ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | ne |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | | | | ☐ Schedule D, lir | ne |
| <u> </u> | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | ne |
| | Number Street City | State | ZIP Code | _ | |

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| | | | | | _ | | | | | |
|------------|---|-------------------------------|-----------------------------|---------------|----------------|--|---------------|------------------------|----------|--|
| | in this information to identify your cotor 1 Akia Starla | | | | | | | | | |
| | 7 ma otaria | Waxwell | | | - | | | | | |
| | otor 2 use, if filing) | | | | | | | | | |
| Unit | ted States Bankruptcy Court for the | e: NORTHERN DISTRIC | CT OF INDIANA | | | | | | | |
| | se number | | - | | | k if this is | | | | |
| (II KII | (If known) | | | | | ☐ An amended filing☐ A supplement showing postpetition char | | | | |
| | | | | | | | | llowing date: | | |
| <u>O</u> 1 | fficial Form 106I | | | | N | /IM / DD/ \ | YYY | | | |
| Sc | chedule I: Your Inc | ome | | | | | | | 12/15 | |
| spoi | olying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | ur spouse is not filing wi | ith you, do not inclu | ide informa | ation about | t your spo | ouse. If mo | re space is | needed, | |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | 2 or non-fil | ing spouse | | |
| | If you have more than one job, | Francisco estatua | ■ Employed | | | ☐ Employed | | | | |
| | attach a separate page with information about additional employers. | Employment status | ☐ Not employed | | | ☐ Not employed | | | | |
| | | Occupation | Server/Student | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Docks Smokeh Whiskey Bar | ft & | | | | | | |
| | Occupation may include student or homemaker, if it applies. | ccupation may include student | | | | | | | | |
| | | How long employed t | here? 5 mont | hs | | | | | | |
| Par | t 2: Give Details About Mo | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | late you file this form. If | you have nothing to r | eport for an | ny line, write | e \$0 in the | space. Inc | lude your no | n-filing | |
| | u or your non-filing spouse have messpace, attach a separate sheet to | | ombine the informatio | on for all em | ployers for | that perso | on on the lir | nes below. If | you need | |
| | | | | | For Del | btor 1 | | otor 2 or ng spouse | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$1 | ,516.00 | \$ | N/A | | |
| 3. | Estimate and list monthly over | time pay. | | 3. + | +\$ | 0.00 | +\$ | N/A | | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$1,5 | 16.00 | \$ | N/A | | |

Official Form 106I Schedule I: Your Income page 1

| Debt | tor 1 | Akia Starla Maxwell | _ | Case | number (if known) | | | |
|------|--|--|---|-------------------------------|--|------------------------------|---|---------|
| | Сор | y line 4 here | 4. | For | Debtor 1 1,516.00 | | ebtor 2 or ling spouse N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| 0. | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+ | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 109.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | \$ \$ \$ \$ \$ + \$ | N/A N/A N/A N/A N/A N/A N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 109.00 | \$ | N/A | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 1,407.00 | \$ | N/A | |
| 8. | 8b. 8c. 8d. 8e. 8f. 8g. 8h. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: | 8c. 8d. 8e. | \$_ \$_ \$_ \$ \$ | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | \$\$ \$\$ \$\$ + \$ | N/A N/A N/A N/A N/A N/A | Ī |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | |
| | Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | | | | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | 12. \$ Combine monthly | |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. | ? | | | | monuny | HICOHIC |
| | | Yes. Explain: | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this informa | tion to identify yo | our case: | | | 1 | | | | | |
|--|--|--|------------------------|---|--|---------------------|-----------------|---|--|--|--|
| | tor 1 | Akia Starla N | | | | Cho | eck if this is: | | | | |
| | ARIA Staria Maxwell | | | | | ☐ An amended filing | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | | | wing postpetition chapter the following date: | | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA | | | | | | | MM / DD / YYYY | | | | |
| Cas | e number | | | | | | | | | | |
| | nown) | | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | | |
| | | J: Your I | Exper | ises | | | | 12/15 | | | |
| Be info | as complete a | and accurate as | possible eded, atta | If two married people ar ch another sheet to this | | | | or supplying correct | | | |
| Pari | t 1: Descr Is this a join | ibe Your House | hold | | | | | | | | |
| •• | No. Go to | | | | | | | | | | |
| | | | n a separ | ate household? | | | | | | | |
| | □N | 0 | | | | | | | | | |
| | □ Y | es. Debtor 2 mus | t file Offici | al Form 106J-2, Expenses | for Separate House | ehold of De | ebtor 2. | | | | |
| 2. | Do you have | e dependents? | □ No | | | | | | | | |
| | Do not list Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? | | | |
| | Do not state | the | | | | | | □ No | | | |
| | dependents | names. | | | Sister | | 16 | ■ Yes | | | |
| | | | | | Sister | | 18 | □ No ■ Yes | | | |
| | | | | | | | | □ No | | | |
| | | | | | | | | ☐ Yes | | | |
| | | | | | | | | □ No | | | |
| 2 | Do your ove | oncoc includo | _ | | | | | ☐ Yes | | | |
| 3. | expenses of | enses include f people other tl d your depende | han _ | No Yes | | | | | | | |
| Dor | | | | y Evnance | | | | | | | |
| exp | imate your ex | | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | | | |
| the | ude expense value of sucl ficial Form 10 | n assistance and | non-cash d have ind | government assistance i cluded it on <i>Schedule I:</i> Y | f you know <i>our Incom</i> e | | Your exp | penses | | | |
| ,511 | | ···· <i>j</i> | | | | | | | | | |
| 4. | | or home owners and any rent for the | | ses for your residence. I r lot. | nclude first mortgag | e 4. | \$ | 515.00 | | | |
| | If not includ | led in line 4: | | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 | | | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | · | 0.00 | | | |
| | • | • | | ıpkeep expenses | | 4c. | · | 0.00 | | | |
| | | owner's associat | | | | 4d. | · | 0.00 | | | |
| 5. | Additional r | nortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. | \$ | 0.00 | | | |

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| Debtor 1 Akia Starl | a Maxwell | Case num | ber (if known) | |
|-------------------------------------|--|---------------|---------------------|-------------------------|
| 6. Utilities: | | | | |
| | neat, natural gas | 6a. | \$ | 100.00 |
| • | er, garbage collection | 6b. | | 0.00 |
| | cell phone, Internet, satellite, and cable services | 6c. | · | 350.00 |
| 6d. Other. Spec | • | 6d. | · | 0.00 |
| . Food and housel | | 7. | · | 400.00 |
| | ildren's education costs | 8. | · | 0.00 |
| | , and dry cleaning | 9. | \$ | 50.00 |
| | oducts and services | 10. | | |
| • | | | · | 25.00 |
| Medical and dent Transportation | nclude gas, maintenance, bus or train fare. | 11. | \$ | 0.00 |
| Do not include car | | 12. | \$ | 300.00 |
| | lubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | butions and religious donations | 14. | | 0.00 |
| 5. Insurance. | sations and rongious domails no | • • • • | <u> </u> | 0.00 |
| | urance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life insuran | | 15a. | \$ | 0.00 |
| 15b. Health insu | rance | 15b. | \$ | 0.00 |
| 15c. Vehicle insu | ırance | 15c. | \$ | 120.00 |
| 15d. Other insura | | 15d. | | 0.00 |
| | lude taxes deducted from your pay or included in lines 4 or 20. | | · | 0.00 |
| Specify: | nado taxos doddotod from your pay or moradod from the 20. | 16. | \$ | 0.00 |
| 7. Installment or lea | ase payments: | | | |
| 17a. Car paymer | nts for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b. Car paymer | nts for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. Other. Spec | sify: | 17c. | \$ | 0.00 |
| 17d. Other. Spec | • | 17d. | \$ | 0.00 |
| • | of alimony, maintenance, and support that you did not repor | t as | | |
| deducted from ye | our pay on line 5, Schedule I, Your Income (Official Form 10 | | \$ | 0.00 |
| 9. Other payments | you make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | | 19. | | |
| | rty expenses not included in lines 4 or 5 of this form or on S | | | |
| 20a. Mortgages | on other property | 20a. | \$ | 0.00 |
| 20b. Real estate | taxes | 20b. | \$ | 0.00 |
| 20c. Property, ho | omeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. Maintenand | e, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. Homeowne | r's association or condominium dues | 20e. | \$ | 0.00 |
| 1. Other: Specify: | | 21. | +\$ | 0.00 |
| | | | | |
| 2. Calculate your m | • • | | | |
| 22a. Add lines 4 th | 9 | | \$ | 1,860.00 |
| | (monthly expenses for Debtor 2), if any, from Official Form 106J | J-2 | \$ | |
| 22c. Add line 22a | and 22b. The result is your monthly expenses. | | \$ | 1,860.00 |
| 3. Calculate your m | onthly net income | | | _ |
| • | 2 (your combined monthly income) from Schedule I. | 23a. | ¢ | 4 407 00 |
| | monthly expenses from line 22c above. | 23a. 23b. | | 1,407.00 |
| Zob. Copy your r | monumy expenses normalice 220 above. | 230. | -φ | 1,860.00 |
| 23c Subtract vo | ur monthly expenses from your monthly income. | | | |
| | s your <i>monthly net income</i> . | 23c. | \$ | -453.00 |
| THO TOOUR IS | youo.my not moonto. | | I | |
| | n increase or decrease in your expenses within the year afte | | | |
| | expect to finish paying for your car loan within the year or do you expect | your mortgage | payment to increase | e or decrease because o |
| | erms of your mortgage? | | | |
| ■ No. | | | | |
| ☐ Yes. | Explain here: | | | |

| Fill in this infor | mation to identify your | case: | | | |
|---------------------|---|--------------------------|---|-----------------------------------|-------------------------|
| Debtor 1 | Akia Starla Maxw | rell | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | - | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | T OF INDIANA | | |
| Case number | | | | | |
| (if known) | | | | C | heck if this is an |
| | | | | aı | mended filing |
| | tion About a | | Debtor's Schonsible for supplying corre | | 12/15 |
| years, or both. 1 | 8 U.S.C. §§ 152, 1341, 1 | 1519, and 3571. | in uptoy case can result in | fines up to \$250,000, or imprise | onnent for up to 20 |
| Did you pa | y or agree to pay some | eone who is NOT an atto | orney to help you fill out ba | nkruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | Attach Bankruptcy Petition | on Preparer's Notice, |
| _ | | | | Declaration, and Signatu | ure (Official Form 119) |
| | alty of perjury, I declare e true and correct. | that I have read the sur | nmary and schedules filed | with this declaration and | |
| X /s/ Aki | a Starla Maxwell | | X | | |
| | tarla Maxwell | | Signature of D | ebtor 2 | |
| Signatu | re of Debtor 1 | | | | |
| g | ie di Debidi i | | | | |

| | | nation to identify you | | | | |
|-------------------|---|--|--|---|---|---|
| De | btor 1 | Akia Starla Max | Mell Middle Name | Last Name | | |
| 1 | btor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| . | | nkruptcy Court for the: | NORTHERN DISTRICT O | | | |
| 011 | ileu States Dai | ikiupicy Court for the. | NORTHERN DIOTRIOT | DI INDIANA | | |
| | se number nown) | | | | - | check if this is an mended filing |
| St | as complete a | of Financial | | re filing together, both are | equally responsible for sup | |
| | | ore space is needed, n). Answer every que | | this form. On the top of an | y additional pages, write you | ır name and case |
| Pa | rt 1: Give D | etails About Your Ma | arital Status and Where You | Lived Before | | |
| 1. | What is you | current marital statu | ıs? | | | |
| | □ Married■ Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live nov | v. | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | ldress: | Dates Debtor 2 lived there |
| 3. stat | | | | | nity property state or territory ico, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ike sure you fill out <i>Scl</i> | hedule H: Your Codebtors (Ol | fficial Form 106H). | | |
| Pa | rt 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | | ndar years? |
| | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$3,004.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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| De | DIOI I A | da Staria iv | iaxweii | | | | | Case | number (if known) | | |
|----|-----------------------------|--|--|---|---|--|--|--|--|-----------------------------------|--|
| | | | | | | | | | | | |
| | | | | Debtor 1 | | | | | Debtor 2 | | |
| | | | | Sources of Check all that | | (befor | s income re deductions ar sions) | nd | Sources of inco | | Gross income (before deductions and exclusions) |
| | r last caler anuary 1 to | ndar year: December 3 | 31, 2018) | ■ Wages, c | commissions, | | \$9,169. | 00 | ☐ Wages, common bonuses, tips | nissions, | |
| | | | | ☐ Operating | g a business | | | | ☐ Operating a b | usiness | |
| | | dar year bef December 3 | | ■ Wages, co | • | | \$17,973. | 00 | ☐ Wages, commonuses, tips | nissions, | |
| | | | | ☐ Operating | g a business | | | | ☐ Operating a b | usiness | |
| | List each | • | ne gross inco | • | · | | • | | ly once under Del | | |
| | – 103. | i iii iii tiic de | ians. | | | | | | | | |
| | | | | Debtor 1 Sources of i Describe belo | | each (befor | s income from source re deductions ar sions) | | Debtor 2 Sources of inco Describe below. | me | Gross income (before deductions and exclusions) |
| Pa | rt 3: Lis | t Certain Pa | yments You | Made Before | You Filed for | Bankrup | otcy | | | | |
| 6. | □ No. | Neither De individual puring the No. Yes | ebtor 1 nor E orimarily for a 90 days befo Go to line 7 List below e paid that cr not include o adjustmen | Debtor 2 has p personal, fam ore you filed for ceach creditor to editor. Do not i payments to a t on 4/01/22 ar | ily, or househood r bankruptcy, di to whom you pai include paymer n attorney for the nd every 3 year | umer det id purpos id you pa id a total hts for do his bankr is after th | ots. Consumer of se." by any creditor a of \$6,825* or mimestic support ruptcy case. at for cases filed | total of tot | of \$6,825* or more one or more payr | e? ments and t ld support a | 01(8) as "incurred by a the total amount you and alimony. Also, do t. |
| | ■ Yes. | | | | rimarily consu bankruptcy, di | | | total | of \$600 or more? | | |
| | | ■ No. | Go to line 7 | | | | | | | | |
| | | ☐ Yes | include pay | | estic support o | | | | | | at creditor. Do not include payments to a |
| | Creditor | 's Name and | l Address | D | ates of payme | ent | Total amoun | | Amount you | Was this | payment for |
| | | | | | | | paid | u | still owe | | |

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Case number (if known)

| 7. | Within 1 year before you filed for bankruptor Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gen control, or owner of 20% o | eral partners; partner r more of their voting | erships of which yo g securities; and a | ou are a general p ny managing age | partner; corporation ent, including one fo |
|-----|--|---|--|--|---------------------------------------|---|
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for th | is payment |
| 3. | Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cos | | ments or transfer a | any property on a | ccount of a deb | t that benefited ar |
| | ■ No | | | | | |
| | Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for th Include credito | |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| | □ No■ Yes. Fill in the details.Case titleCase number | Nature of the case | the case Court or agency | | Status of the | case |
| | | Nature of the case Plenary | Lake Circuit Co 2293 N Main St Crown Point, II | reet | □ Pending □ On appeal □ Concluded | |
| 0. | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below No. Go to line 11. | | rty repossessed, f | oreclosed, garnis | shed, attached, s | seized, or levied? |
| | Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happened | | | | 1 -1 - 3 |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details. | | uding a bank or fir | nancial institutior | n, set off any am | ounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount |
| 2. | Within 1 year before you filed for bankruptocourt-appointed receiver, a custodian, or a ■ No □ Yes | | rty in the possess | | | of creditors, a |
| | | | | | | |

Debtor 1 Akia Starla Maxwell

Case number (if known) Debtor 1 Akia Starla Maxwell Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You \$1,000.00 Law Office of Weiss, Schmidgall & **Attorney Fees** Hires. 6 West 73rd Ave Merrillville, IN 46410 bankruptcy@wshlegal.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Amount of Date payment **Address** transferred or transfer was payment made

| Debtor 1 Akia Starla Maxwell | | | Case number (if known) | | | | |
|------------------------------|---|---|---------------------------------|--|-------------------------------|--|--|
| | | | | | | | |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. | | | | | | |
| | ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Received Transfer Address | Description and v property transfer | | Describe any property or payments received or debts paid in exchange | Date transfer was made | | |
| | Person's relationship to you | | | | | | |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-protein No Yes. Fill in the details. | | y property to a sel | f-settled trust or similar device | of which you are a | | |
| | Name of trust | Description and v | alue of the proper | ty transferred | Date Transfer was | | |
| | Name of trust | Description and V | raide of the proper | ty transferred | made | | |
| Par | t 8: List of Certain Financial Accounts, Inst | ruments, Safe Deposit | t Boxes, and Stora | ge Units | | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ No Yes. Fill in the details. | other financial accou | nts; certificates of | | , , | | |
| | | Last 4 digits of | Type of account | or Date account was | Last balance | | |
| | | account number | instrument | closed, sold, moved, or transferred | before closing or transfer | | |
| | Chase | Chase XXXX- ■ Checking □ Savings □ Money Market □ Brokerage □ Other | | Checking and Savings closed 1/2019 | \$5.00 | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit b cash, or other valuables? No Yes. Fill in the details. | | eafe deposit box or other depos | itory for securities, Do you still | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | scribe the contents | have it? | | |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 yea | ar before you filed for bankrupte | cy? | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or it to it? Address (Number, S State and ZIP Code) | | escribe the contents | Do you still have it? | | |

Case number (if known)

Debtor 1 Akia Starla Maxwell

| Par | t 9: Identify Property You Hold or Control for | Someone Else | | | | | | |
|-----|--|---|---------|-------------------------------------|----------------------|--|--|--|
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | De | scribe the property | Value | | | |
| Par | t 10: Give Details About Environmental Informa | ation | | | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul | ir, land, soil, surface water, grou | _ | • | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | - | al law, | whether you now own, operate, o | r utilize it or used | | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s | mental law defines as a hazardo | us wa | ste, hazardous substance, toxic s | ubstance, | | | |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of wh | en the | ey occurred. | | | | |
| 24. | Has any governmental unit notified you that you | u may be liable or potentially liab | le und | der or in violation of an environme | ntal law? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State ZIP Code) | and | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State ZIP Code) | and | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any en | viron | mental law? Include settlements a | nd orders. | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | | |
| Par | t 11: Give Details About Your Business or Con | nections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, o | did you own a business or have | any of | the following connections to any | business? | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing execut | tive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or | equity securities of a corporatio | n | | | | | |

Official Form 107

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Case number (if known)

| ■ No. None of the above applies. Go to | Part 12. | |
|--|---|--|
| ☐ Yes. Check all that apply above and f | ill in the details below for each business. | |
| Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Datas business existed |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

| No | | |
|---|-------------|--|
| Yes. Fill in the details below. | | |
| Name Address | Date Issued | |
| (Number Street City State and 7IP Code) | | |

Debtor 1 Akia Starla Maxwell

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| Akia Staria Maxwell | Case number (if known) | |
|--|---|--|
| | | |
| Part 12: Sign Below | | |
| are true and correct. I understand that make | of Financial Affairs and any attachments, and I declare under penalty of perjury that t ng a false statement, concealing property, or obtaining money or property by fraud i p to \$250,000, or imprisonment for up to 20 years, or both. | |
| /s/ Akia Starla Maxwell | | |
| Akia Starla Maxwell Signature of Debtor 1 | Signature of Debtor 2 | |
| Date April 10, 2019 | Date | |
| Did you attach additional pages to Your Sta | tement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | |
| ■ No | | |
| □Yes | | |
| _ , , , , , , , , , , , , , , , , , , , | s not an attorney to help you fill out bankruptcy forms? | |
| ■ No | | |
| ☐ Yes. Name of Person Attach the B | ankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | |

| Fill in this infor | mation to identify your | case: | | |
|---------------------------------|---|-----------------------|---|---------------------------------------|
| Debtor 1 | Akia Starla Maxw | ell | | |
| Dahtar | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DIS | FRICT OF INDIANA | |
| Case number | | - | | |
| (if known) | | | | Check if this is an amended filing |
| Official Fo | | n for Indiv | riduals Filing Under Chap | oter 7 12/15 |
| _ | ividual filing under cha | - | l out this form if: | |
| _ | e claims secured by yo | | at aymina d | |
| You must file thi | ever is earlier, unless th | ithin 30 days after | ot expired. you file your bankruptcy petition or by the date e time for cause. You must also send copies to | |
| | eople are filing together nd date the form. | r in a joint case, bo | th are equally responsible for supplying correc | et information. Both debtors must |
| | and accurate as possib our name and case nur | | s needed, attach a separate sheet to this form. O | On the top of any additional pages, |
| Part 1: List Y | our Creditors Who Have | e Secured Claims | | |
| 1 For any credit | ors that you listed in Pa | art 1 of Schedule D | : Creditors Who Have Claims Secured by Prope | erty (Official Form 106D) fill in the |
| information be | | | What do you intend to do with the property the secures a debt? | |
| | | | secures a debt: | as exempt on schedule C? |
| Craditaria S | `td | LICA | _ | _ |
| Creditor's S | Santander Consumer | USA | Surrender the property. | ■ No |
| name. | | | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a | ☐ Yes |
| | 2012 Volkswagon | Jetta | Reaffirmation Agreement. | |
| property securing debt: | | | ☐ Retain the property and [explain]: | |
| | | | | |
| | our Unexpired Persona | | in Schedule G: Executory Contracts and Unexp | aired Lagge (Official Form 106C) fill |
| in the information | on below. Do not list rea | ıl estate leases. Un | expired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(| ; the lease period has not yet ended. |
| Describe your u | inexpired personal pro | perty leases | | Will the lease be assumed? |
| Lessor's name: | | | | □ No |
| Description of lea | ased | | | |
| Property: | | | | ☐ Yes |
| Lessor's name: | | | | □ No |
| Description of lea Property: | ased | | | ☐ Yes |
| . , | | | | - 103 |
| Lessor's name: | | | | □ No |
| Official Form 108 | | Statement of In | tention for Individuals Filing Under Chapter 7 | page 1 |

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| De | btor 1 | Akia Starla Maxwell | Case number (if known) | |
|----|----------------------|---|---|------------------------------|
| D- | | n of landed | | |
| | scription operty: | n of leased | | ☐ Yes |
| | ssor's na | ame: n of leased | | □ No |
| | operty: | ii di leased | | ☐ Yes |
| | ssor's na | ame: n of leased | | □ No |
| | operty: | ii di leased | | ☐ Yes |
| | ssor's na | ame: n of leased | | □ No |
| | operty: | ii di leased | | ☐ Yes |
| | ssor's na | ame: n of leased | | □ No |
| | operty: | ii di leased | | ☐ Yes |
| Pa | rt 3: | Sign Below | | |
| | | alty of perjury, I declare that I have indicated my intenat is subject to an unexpired lease. | ention about any property of my estate that sec | ures a debt and any personal |
| Χ | /s/ A | kia Starla Maxwell | X | |
| | | Starla Maxwell ature of Debtor 1 | Signature of Debtor 2 | |
| | Date | April 10, 2019 | Date | |
| | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | | Liquidation |
|------------|----|--------------------|
| \$2 | 45 | filing fee |
| \$7 | 75 | administrative fee |
| + \$ | 15 | trustee surcharge |
| \$3 | 35 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Indiana

| In | re Akia Starla Maxwell | | Case N | 0. | | |
|------|---|--|---|----------------------|--------------------|--|
| | | Debtor(s) | Chapte | r 7 | | |
| | DISCLOSURE OF COMPE | NSATION OF ATTOR | RNEY FOR I | DEBTOR(S) | | |
| 1. | compensation paid to me within one year before the filir | § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that ne within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | |
| | For legal services, I have agreed to accept | | \$ | 1,000.00 | | |
| | Prior to the filing of this statement I have received. | | | 1,000.00 | | |
| | Balance Due | | \$ | 0.00 | | |
| 2. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed comp | pensation with any other person | unless they are me | embers and associat | es of my law firm. | |
| | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the national content of the conten | | | | my law firm. A | |
| 5. | In return for the above-disclosed fee, I have agreed to re | disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| | a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, stat c. Representation of the debtor at the meeting of credite d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application | ement of affairs and plan which ors and confirmation hearing, ar reduce to market value; exe | may be required; and any adjourned l | nearings thereof; | | |
| 6. | By agreement with the debtor(s), the above-disclosed fer Representation of the debtors in any dis- any other adversary proceeding. | | | nces, relief from | stay actions or | |
| | | CERTIFICATION | | | | |
| this | I certify that the foregoing is a complete statement of an bankruptcy proceeding. | y agreement or arrangement for | payment to me for | or representation of | the debtor(s) in | |
| | April 10, 2019 | /s/ Christopher Se | chmidgall | | | |
| _ | Date | Christopher Schr | _ | | | |
| | | Signature of Attorne Law Office of We | | l & Hires. P.C. | | |
| | | 6 West 73rd Ave | | | | |
| | | Merrillville, IN 464 | | 0.7 | | |
| | | (219)736-5297 Fa bankruptcy@wsh | | 91 | | |
| | | Name of law firm | negal.com | | | |
| | | | | | | |

| (6/2010) | | | |
|---|--|---------------------|-------------------------------|
| Ţ | United States Bankruptcy Cou | ırt | |
| | Northern District of Indiana | | |
| In re Akia Starla Maxwell | | Case No. | |
| | Debtor(s) | Chapter | 7 |
| | | | |
| | | | |
| VERIFI | CATION OF CREDITOR 1 | MATRIX | |
| | | | |
| The above named debter(s) varifies under | r nanalty of narium, that the attached list | of avaditors is two | a and approach to the best of |
| The above-named debtor(s) verifies under his/her knowledge. | penalty of perjury that the attached list of | of creditors is tru | e and correct to the best of |
| | | | |
| | | | |
| | | | |
| Date: April 10, 2019 | /s/ Akia Starla Maxwell | | |

Akia Starla Maxwell
Signature of Debtor

AMEX CORRESPONDENCE/BANKRUPTCY PO BOX 981540 EL PASO, TX 79998

CAPITAL ONE ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY, UT 84130

CBW BANK 109 E MAIN STREET WEIR, KS 66781

CHASE CARD SERVICES ATTN: BANKRUPTCY PO BOX 15298 WILMINGTON, DE 19850

CITIBANK/BEST BUY ATTN: BANKRUPTCY PO BOX 790441 ST. LOUIS, MO 63179

CITICARDS CBNA CITI BANK PO BOX 6077 SIOUX FALLS, SD 57117

COMENITY BANK/EXPRESS ATTN: BANKRUPTCY PO BOX 182125 COLUMBUS, OH 43218

COMENITY BANK/VICTORIA SECRET ATTN: BANKRUPTCY PO BOX 182125 COLUMBUS, OH 43218

COMENITY BKL/ULTA ATTN: BANKRUPTCY DEPT PO BOX 182125 COLUMBUS, OH 43218 CREDIT ONE BANK ATTN: BANKRUPTCY DEPARTMENT PO BOX 98873 LAS VEGAS, NV 89193

DEPARTMENT OF EDUCATION/NELNET ATTN: CLAIMS
PO BOX 82505
LINCOLN, NE 68501

DISCOVER FINANCIAL ATTN: BANKRUPTCY DEPARTMENT PO BOX 15316 WILMINGTON, DE 19850

ELAINE GLADMAN KEIS GEORGE LLP 55 PUBLIC SQUARE #800 45C01-1807-PL-236 CLEVELAND, OH 44113

FINGERHUT ATTN: BANKRUPTCY PO BOX 1250 SAINT CLOUD, MN 56395

FIRST PREMIER BANK ATTN: BANKRUPTCY PO BOX 5524 SIOUX FALLS, SD 57117

FRANCISCAN ALLIANCE 28044 NETWORK PLACE CHICAGO, IL 60673-1280

GENESIS BC/CELTIC BANK ATTN: BANKRUPTCY 268 SOUTH STATE STREET STE 300 SALT LAKE CITY, UT 84111

GERALD M. BISHOP & ASSOCIATES 2115 WEST LINCOLN HIGHWAY MERRILLVILLE, IN 46410

HARRIS & HARRIS, LTD 111 WEST JACKSON BLVD, SUITE 400 CHICAGO, IL 60604-4135

ILLINOIS TOLLWAY PO BOX 5544 CHICAGO, IL 60680-5544

ILLINOIS TOLLWAY PO BOX 5201 CHICAGO, IL 60680-5544

INDIANA BUREAU OF MOTOR VEHICLES INDIANA GOVT CENTER NORTH ROOM 402 100 N SENATE AVENUE INDIANAPOLIS, IN 46204

KOHLS/CAPITAL ONE KOHLS CREDIT PO BOX 3120 MILWAUKEE, WI 53201

KOMYATTE & CASBON, PC ATTN: COLLECTIONS DEPARTMENT 9650 GORDON DRIVE HIGHLAND, IN 46322

LAKE CIRCUIT COURT 2293 N MAIN STREET 45C01-1807-PL-236 CROWN POINT, IN 46307

MIRAMED REVENUE GROUP DEPT. 77304 PO BOX 7700 DETROIT, MI 48277

PROFESSIONAL ACCOUNT MANAGEMENT PO BOX 741 MILWAUKEE, WI 53201-1487

PROFESSIONAL ACCOUNT MANAGEMENT, LLC PO BOX 741 MILWAUKEE, WI 53201-1487

PROGRESSIVE LEASING 256 DATA DRIVE DRAPER, UT 84020

PROGRESSIVE SOUTHEASTERN INSURANCE CO. PO BOX 512929
LOS ANGELES, CA 90051

SANTANDER CONSUMER USA ATTN: BANKRUPTCY PO BOX 961245 FORT WORTH, TX 76161

SYNCHRONY BANK/CARE CREDIT ATTN: BANKRUPTCY DEPT P.O. BOX 965061 ORLANDO, FL 32896-5061

SYNCHRONY BANK/WALMART ATTN: BANKRUPTCY PO BOX 965060 ORLANDO, FL 32896

TARGET
ATTN: BANKRUPTCY
PO BOX 9475
MINNEAPOLIS, MN 55440